



Federal Victims of Crime Act (VOCA)

Statistical Performance Report

Fiscal Year 2006

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All statistics must represent services provided only by persons funded by VOCA dollars or VOCA matching contributions.

VOCA QUARTERLY STATISTICAL PERFORMANCE REPORT

INSTRUCTIONS

SECTION 1: TOTAL PRIMARY VICTIMS AND SIGNIFICANT OTHERS SERVED

Directions: In the appropriate categories, indicate the total number of primary victims and significant others who received DIRECT services by the VOCA funded project during the quarter. **Each client may be counted only once.**

Individuals who indirectly benefited from a service performed on behalf of a primary victim may not be counted on this statistical report. For example, VOCA funded staff may assist a woman in obtaining a protective order and she would be counted as a primary victim. Unless her children receive direct services from VOCA supported staff; they should not be counted as victims or significant others.

DEFINITIONS

A. NEW CLIENTS - A client is new if he/she has not previously received services from your program. If an ongoing client is re-victimized by a different perpetrator or victimized by a different crime, they should be counted as a new client.

1. **New Face-to-Face:** Includes any face-to-face client who is being seen by VOCA staff for the first time this quarter. Do not include new clients where the only method of contact was by telephone/hotline. If an ongoing client is re-victimized by a different perpetrator or victimized by a different crime, they should be counted as a new client.
2. **New Hotline/Telephone:** Includes any new client who received services solely over the hotline/telephone for the first time this quarter. This does not include an initial intake call to set up a face-to-face.

B. ON-GOING CLIENTS - A client is on-going if she/he has previously received services during the current fiscal year or previous fiscal years for the same crime by the same perpetrator. **Aside from first contacts, Domestic Violence clients should be considered on-going if the same perpetrator is involved.**

1. **On-going Face-to-Face:** Includes any face-to-face client who received services during this quarter, as well as in any previous quarter. Do not include new clients where the only method of contact was by telephone/hotline.
2. **On-going Hotline/Telephone:** Includes any client who received services solely over the hotline/telephone this quarter and in any previous quarter during the current fiscal year. The only contact with the client is via telephone.

- **PLEASE NOTE** - Clients should be counted as a new client once, regardless of fiscal years.

SECTION 2: Victims Served by Type of Service (all new and on-going clients)

Directions: In the appropriate category, indicate the number of new and on-going VICTIMS and Significant Others that received each service during the quarter. You are counting the number of victims who received a service, NOT the number of times a service was provided. Be sure to consider all services provided to the victim. For example, VOCA staff may have provided information and referral, assistance with victim compensation benefits, and advocacy to one victim: You should include that person in your total *for each category*.

DEFINITIONS

1. **Counseling** - refers to in-person crisis intervention, emotional support, and guidance and counseling provided by advocates, counselors, mental health professionals, or peers. Such counseling may occur at the scene of the crime, immediately after a crime, **or be provided on an ongoing basis**.
2. **Follow-Up** - refers to in-person contacts, telephone contacts, and written communications, including e-mail, with victims to offer emotional support, provide empathetic listening, check on a victim's progress, etc. (Not to be confused with #1.)
3. **Hotline/Telephone Counseling** - includes any services provided to a client over a hotline/telephone.
4. **Therapy** - refers to intensive professional psychological and/or psychiatric treatment. This includes the evaluation of mental health needs, as well as the actual delivery of psychotherapy.
5. **Group Treatment/Support** - refers to the coordination and provision of supportive group activities and includes self-help, peer, social support, etc. Include Community Crisis Response here. **Report the number of participants in each group session provided this reporting period. Do not count the same participant twice.**
6. **Shelter/Safe Home** - refers to offering short and long term housing and related support services to victims and families following victimization. **Count each VOCA client receiving shelter during this reporting period.**
7. **Assistance with Victim Compensation** - includes any information, assistance or advocacy provided for clients regarding the availability of victim compensation.
8. **Criminal Justice Support/Advocacy** - refers to support or advocacy provided to clients at any stage of the criminal justice process, including post-sentencing services and support.
9. **Emergency Legal Advocacy** - refers to filing temporary restraining orders, injunctions, and other protective orders, elder abuse petitions, and child abuse petitions but does **not** include criminal prosecution or the employment of attorneys for non-emergency purposes, such as custody disputes, civil disputes, etc.
10. **Medical Advocacy** - includes advocacy performed on behalf of a client in a medical setting or when dealing with medical personnel, or a direct service such as a medical evaluation.
11. **Personal Advocacy** - refers to assisting victims in securing rights, remedies, and services from other agencies; *locating emergency financial assistance*, intervening with employers, creditors, and others on behalf of the victim; assisting in filing for losses covered by public and private insurance programs including workman's compensation, unemployment benefits, welfare, etc., accompanying a victim to the hospital (not to be confused with #10).
12. **Emergency Financial Assistance** - refers to **cash outlays** for transportation, food, clothing, emergency housing, etc. (**not to be confused with # 11**).
13. **Information and Referral (in-person)** - refers to in-person contacts with victims during which time services and available support are identified.
14. **Information and Referral (telephone and e-mail)** - refers to contacts with victims during which time services and available support are identified. **This does not include calls during which counseling is the primary function of the telephone call.**
15. **Other** - refers to other **VOCA allowable** services and activities not listed. In the space provided, please specify what services were provided to or received by the client.

SECTION 3: REFERRALS MADE AND RECEIVED (all new clients, and on-going clients for referrals made)

Directions: Indicate on this page the number of referrals VOCA staff made to other programs/agencies and the number of referrals your program received from other agencies during the quarter. If clients were referred to more than one agency, count each referral made. Referrals received are only counted once for all clients.

DEFINITIONS

1. **Self/Family/Friend:** - Includes any instances where the client has referred self or when they have been referred to the agency by a family member or friend.
2. **Non-VOCA Staff Within Agency:** - Referrals to or from staff within the agency who are not VOCA funded, match or project volunteers (inter-agency referrals).
3. **Police:** - Referrals to or from a law enforcement organization including local or state police, MDC police or the FBI.
4. **Victim Witness Assistance Program:** - Referrals to or from victim assistance programs in any of the District Attorney's offices throughout Massachusetts and the Attorney General's Office or U.S. Attorney's Office. Also includes referrals to and from Post-conviction Victim Service Units like the Parole Board, the Criminal History Systems Board, County Correctional Facilities and Dept. of Youth Services.
5. **Court Personnel:** - Referrals to or from any court personnel like judges, clerks, probation officers, etc.
6. **Legal Services:** - Referrals to or from any legal services including attorneys, law firms, legal aid and/or advocacy organizations, etc.
7. **Victim Compensation:** - Referrals to or from the Attorney General's Victim Compensation and Assistance Division.
8. **VWAB/MOVA:** - Referrals to or from the Victim and Witness Assistance Board or its Executive Office staff at the Massachusetts Office for Victim Assistance.
9. **Shelter/Safe Home:** - Referrals to or from shelters or safe homes outside of your agency.
10. **Social Services:** - Referrals to or from any social or human service agencies, such as DSS.
11. **Mental Health Agency/Facility:** - Referrals to or from any outpatient, in-patient or residential mental health agency/facility.
12. **Other Victim Services:** - Referrals to or from any agency, program, or advocacy group that specializes in serving victims of crime, if not previously reported in #'s 10 or 11.
13. **Medical Services:** - Referrals to or from any type of medical services including physicians, clinics, etc.
14. **Substance Abuse Programs:** - Referrals to or from any type of substance abuse programs or services, including in-patient, outpatient, Alcoholics anonymous, Narcotics Anonymous.
15. **Schools:** - Referrals to or from any school setting including pre-school through college/university.
16. **Community Organizations:** - Referrals to community organizations (non-victim service related) such as a YMCA, neighborhood association, homeless assistance organization, career center, etc.
16. **Religious/Spiritual Organizations:** - Referrals to or from churches, synagogues, clergy, or any other organization with religious/spiritual affiliation.
17. **Program Outreach/Media:** - Referrals received specifically as a result of public service announcements, media advertising, presentations to community groups, etc.
18. **Brochure:** - Referrals received as a result of brochures printed and distributed by the VOCA programs.
19. **Other:** - Includes any referrals made or received that do not fit into any of the above categories.
20. **Not Known:** - Use only if you do not know how a client was referred to your agency/program.

SECTION 4: VICTIMS SERVED BY TYPE OF CRIME (new clients or clients with newly disclosed crimes only)

Directions: In the appropriate category, indicate the number of clients served for each victimization during the quarter. You are counting the number of victims served for a particular crime, NOT the crime itself. If the client is a victim of multiple crimes, please count her/him under each of the crimes disclosed to you, if the crimes are relevant to the service you are providing.

DEFINITIONS

1. **Homicide** - refers to all types of homicide, except vehicular. "Homicide Survivor" is defined as a family member, loved one, or friend (primary victim) of a person who has been the victim of a homicide. A witness to a homicide is also a primary victim. This category may also include individuals served who are affected by the homicide but do not meet the definition, such as community members: e.g., a student received services after another student, who was not a friend, was murdered (significant other).
2. **Motor Vehicular Homicide** - refers to all cases of vehicular homicide. See definitions in #1 above with regard to primary victims and significant others.
3. **Assault** - refers to all types of assault excluding battery. Do not count this crime as assault if the crime is counted as domestic violence, child physical or sexual abuse, elder abuse and abuse of disabled persons.
3. **Robbery** - refers to illegal taking of money or property from a person against one's will by either force, intimidation, or in one's absence.
4. **Domestic Violence** - refers to coercive behavior which may include physical and sexual assaults; threats; insults; intimidation and economic deprivation aimed at gaining and maintaining power and control of the mind, body, and overall lifestyle of an intimate partner.
6. **Adult Sexual Assault/Abuse** - refers to instances of completed rape, attempted rape or forced sexual contact made against an adult individual. Acquaintance or date rape should be included in this category. Also includes incidence of non-physical assault such as sexual threats or verbal attacks.
7. **Adult Survivor of Incest or Child Sexual Assault** - refers to sexual assault committed against an individual who is now 18 years or older and receiving services, but who was under age 18 at the time of the assault.
8. **Adult Survivor of Child Physical Abuse** - refers to physical abuse committed against an individual when they were under the age of 18, but are now 18 years or older and receiving services.
9. **Child Sexual Assault/Abuse** - refers to incest or sexual assault (completed rape, attempted rape, forced sexual contact) of a child under the age of 18 and who is under age 18 when receiving services. Teen dating violence is included in this category.
10. **Child Physical Abuse** - refers to physical or emotional abuse/neglect or other child victimization, including child witness to violence, committed against a child under the age of 18.
11. **Abuse of Disabled Persons** - refers to physical or emotional abuse/neglect inflicted by a family member or caretaker against an individual with disabilities.
12. **Elder Abuse (ages 60 +)** - refers to physical or emotional abuse/neglect inflicted by a family member or caretaker against an individual age 60 or older.
13. **Violation of a Protective Order** - refers to a violation of an active protective order (209A) by the defendant who knew about the protective order and its conditions.
14. **Driving Under the Influence/Reckless Driving** - refers to a crime which has been committed as a result of drunk or reckless driving. This does not include cases of vehicular homicide.
15. **Hate Motivated Crime** - refers to crimes committed against individuals or groups, such as assault, sexual assault, threats, and harassment, on the basis of gender, race, religion, disability, national origin or sexual orientation.
16. **Political Trauma** - refers to crimes committed against individuals or groups on the basis of their political beliefs or actions. This may include physical violence, torture, mutilation, assault and sexual assault.
17. **Other** - refers to any crime(s) not listed above. Please specify the crime in the space provided.

SECTION 5: CIVIL RIGHTS COMPLIANCE (new clients only) *

A. DISABILITY

Directions: In the appropriate category, note whether the client is physically or mentally disabled/impaired. The definition of disability includes any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Each quarter, this information is required for new clients, or for clients for whom a disability/impairment was not previously reported. It is also important that disabilities not visible or readily apparent (e.g. epilepsy, hearing impairment, auditory impairment) be counted. The information a client provides will assist you in providing appropriate services to them.

B. RACE/NATIONAL ORIGIN

Directions: Each quarter, in the appropriate category, note the race/national origin of all new clients. Please make every effort to obtain this information from all telephone clients. The information they provide will assist you in providing any culturally sensitive services to the client.

C. AGE/GENDER

Directions: In this section, please note the gender and age of the victim. Each quarter, report for all new clients. Please make every effort to gather this data especially in cases where the only contact with the victim is over the telephone.

Please note: The total for each civil rights category should equal the total number of "New Clients" (as documented in Section 1A.)

The federal government requires this information for monitoring civil rights compliance.

SECTION 6: TRAINING

A. TRAINING RECEIVED

Directions: In this section, note the number of hours of training received by VOCA paid, match and unpaid/volunteer victim services staff for the quarter. Please specify the content of the training received. Use additional space if necessary.

B. IN-SERVICE/OUTREACH

Directions: In this section, please note in the appropriate category, the number of hours of in-service/outreach by VOCA paid, match and unpaid/volunteer victim services staff. Please specify the content of the in-service/outreach in the column provided.

SECTION 7: PROGRAM UPDATE

Directions:

In this section please explain any program updates or changes regarding your VOCA funded staff, VOCA Program, and fiscal management of the VOCA Program during the past quarter.

STAFFING: When informing our office of staffing changes, it is required that you submit a Programmatic Change form to MOVA within two weeks of a resignation or hire. Attach a resume to the Programmatic Change form for all newly hired staff paid with VOCA funds and/or matching funds. If you do not have a copy of this form, please contact a VOCA staff member. This form informs our office of resignations, hires or internal changes in responsibilities of VOCA funded direct service staff, Executive Director, Chief Financial Officer/Business Manager, and/or administrative support staff.

PROGRAM: Please explain if direct services were not provided or were provided at a reduced level due to changes in staff, or for other reasons. Report any change in facility/location of the agency. Also, please include a complete list of board members, if there have been any changes.

FISCAL: Please submit a separate written request for any budget change to the attention of the VOCA Program Manager, for approval. This request must be submitted **prior** to any budget change. Of the total VOCA award, 5% of the budget may be shifted in a fiscal year only upon MOVA's approval.

SECTION 8: NARRATIVE FOR STATE PERFORMANCE REPORT TO OVC

Directions:

In this section, answer the seven questions posed, for the quarter. This information will contribute to the annual report submitted to the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice.

Please be sure to include any direct quotes from clients that were served, for it is helpful to have victims voices represented in this report. However, please do not include any information that might directly identify the victim.

Thank you for completing this report in a timely and accurate manner.

**Please return the completed report to the attention of Daniel Cooper, VOCA/DDTF Program Manager.
It is our preference to have the report sent to MOVA via email to:
Daniel.Cooper@state.ma.us**

If you are unable to email the report, please send a copy to:
Daniel Cooper, VOCA/DDTF Program Manager
Massachusetts Office for Victim Assistance
One Ashburton Place, Room 1101

Boston, MA 02108

**Massachusetts Office for Victim Assistance
One Ashburton Place, Room 1101**

**Boston, MA 02108
(617) 727-5200
Fax: (617) 727-6552**

Federal Victims of Crime Act (VOCA) Grant Program

**FISCAL YEAR 2006
STATISTICAL PERFORMANCE REPORT**

Report Period:

____ July – September (1st Qtr.)
____ January – March (3rd Qtr.)

____ October – December (2nd Qtr.)
____ April – June (4th Qtr.)

Report Due Dates:

1st Quarter due October 31st
3rd Quarter due April 30th

2nd Quarter due January 31st
4th Quarter due July 31st

Instructions: Please complete the following report related to services provided only under the VOCA grant. It is important that you carefully read the detailed directions and reporting guidelines that precede this document before completing each section.

Date: _____

Agency Name: _____

Program Title: _____

Contact person for this report: _____

Telephone: _____ **FAX:** _____

E-mail: _____

For statistical inquiries, please contact Daniel Cooper, Assistant VOCA Program Manager, at 617-727-1336. It is our preference that the statistics report be e-mailed to Daniel at: Daniel.Cooper@state.ma.us . If you are unable to email this document, please use the above address.

SECTION 1: TOTAL PRIMARY VICTIMS AND SIGNIFICANT OTHERS SERVED

A. NEW CLIENTS SERVED THIS QUARTER

Type of Client	Number of Primary Victims	Number of Significant Others
1. New FACE-TO-FACE Clients		
2. New HOTLINE/TELEPHONE Clients		
Total of 1 + 2		

TOTAL A = (New Primary Victims + New Significant Others)	
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B. ON-GOING CLIENTS SERVED THIS QUARTER

Type of Client	Number of Primary Victims	Number of Significant Others
3. On-going FACE-TO-FACE Clients		
4. On-Going HOTLINE/ TELEPHONE Clients		
Totals of 3 + 4		

TOTAL B = (Ongoing Primary Victims + Ongoing Significant Others)	
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SECTION 2: Victims Served by Type of Service (all new and on-going clients)

Type of Service Provided	Primary Victims		Significant Others	
	New	On-going	New	On-going
1. Counseling				
2. Follow-up (in-person, phone, written)				
3. Hotline/Telephone Counseling				
4. Therapy				
5. Group Treatment/Support				
6. Shelter/Safe Home (provided by your agency)				
7. Assistance with Victim Compensation				
8. Criminal Justice Support/Advocacy				
9. Emergency Legal Advocacy (including 24 hr. 209A assistance)				
10. Medical Advocacy				
11. Personal Advocacy (housing, public assistance, worker's comp., etc.)				
12. Emergency Financial Assistance (cash outlays to the victim by your agency only)				
13. Information and Referral (in-person)				
14. Information and Referral (telephone/ e-mail)				
15. Other (specify) _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
TOTAL				

SECTION 3: REFERRALS MADE AND RECEIVED

(New Clients, and On-Going Clients for Referrals Made)

Source/Agency	Referrals Made To	Referrals Received From
1. Self/Family/Friend		
2. Non-VOCA Staff Within Agency		
3. Police		
4. D.A. Victim Witness Assistance		
5. Court Personnel		
6. Legal Services		
7. Victim Compensation		
8. VWAB/MOVA		
9. Shelter/Safe Home		
10. Social Services		
11. Mental Health Agency/Facility		
12. Other Victim Service Agencies		
13. Medical Services		
14. Substance Abuse Programs		
15. Schools		
16. Community Organizations		
17. Religious/Spiritual Organizations		
18. Program Outreach/Media		
19. Brochure		
20. Other (specify) _____ _____ _____	_____ _____ _____	_____ _____ _____
21. Not Known		
TOTAL		

SECTION 4: VICTIMS SERVED BY TYPE OF CRIME

(For new clients or newly disclosed crimes only)

CRIME	Primary Victims		Significant Others	
	Female	Male	Female	Male
1. Homicide				
2. Motor Vehicle Homicide				
3. Assault				
4. Robbery				
5. Domestic Violence				
6. Adult Sexual Assault				
7. Adult Survivor of Incest or Child Sexual Assault				
8. Adult Survivor of Child Physical Abuse				
9. Child Sexual Assault/Abuse				
10. Child Physical Abuse				
11. Abuse of Disabled Persons				
12. Elder Abuse (60 +)				
13. Violation of a Protective Order				
14. Driving Under the Influence (not vehicular homicide/DWI)				
15. Hate Motivated Crime				
16. Political Trauma				
17. Other (specify)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL				

SECTION 5: CIVIL RIGHTS COMPLIANCE (new clients only)*

A. DISABILITY

Physical or Mental Disability	Primary Victims		Significant Others	
	Female	Male	Female	Male
YES				
NO				
Not Known				
TOTAL				

B. RACE/NATIONAL ORIGIN

Race/National Origin	Primary Victims		Significant Others	
	Female	Male	Female	Male
Black				
Caucasian				
Hispanic/Latino				
Bi-Racial				
Cape Verdean				
Haitian				
Portuguese/Azores				
Asian/Pacific Islander				
Native American/Alaska Native				
Other (specifiy)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Not Known				
TOTAL				

SECTION 5: CIVIL RIGHTS COMPLIANCE (new clients only)*

C: AGE and GENDER

Age (in years)	Primary Victims		Significant Others	
	Female	Male	Female	Male
0 – 5				
6 – 12				
13 – 18				
19 – 35				
36 – 59				
60 – 74				
75 – +				
Age Not Known				
Total				

Please note: The total for each civil rights category should equal the total number of "New Clients" (as documented in Section 1A.)

* Civil Rights information is used for statistical purposes only, as required by the Federal Government.

SECTION 6: TRAINING/OUTREACH/IN-SERVICE

A. TRAINING RECEIVED

Received by:	Content	Hours
Paid Victim Services Staff		
Unpaid/Volunteer Victim Services Staff		

B. OUTREACH/IN-SERVICE PRESENTED

Presented to:	Content	Hours
1. District Attorney Victim Witness		
2. Criminal Justice		
3. Police/Law Enforcement		
4. Social Service		
5. Mental Health		
6. Medical		
7. Inter-disciplinary		
8. Citizen Group		
9. Schools		
10. Other (specify)		

SECTION 7: PROGRAM UPDATE

Directions:

In this section please explain any program updates or changes regarding your VOCA funded staff, VOCA Program, and fiscal management of the VOCA Program during the past quarter.

STAFFING: When informing our office of staffing changes, it is required that you submit a Programmatic Change form to MOVA within two weeks of a resignation or hire. Attach a resume to the Programmatic Change form for all newly hired staff paid with VOCA funds and/or matching funds. If you do not have a copy of this form, please contact a VOCA staff member. This form informs our office of resignations, hires or internal changes in responsibilities of VOCA funded direct service staff, Executive Director, Chief Financial Officer/Business Manager, and/or administrative support staff.

PROGRAM: Please explain if direct services were not provided or were provided at a reduced level due to changes in staff, or for other reasons. Report any change in facility/location of the agency. Also, please include a complete list of board members, if there have been any changes.

FISCAL: Please submit a separate written request for any budget change to the attention of the VOCA Program Manager, for approval. This request must be submitted **prior** to any budget change. Of the total VOCA award, 5% of the budget may be shifted in a fiscal year only upon MOVA's approval.

Section 8: Narrative for State Performance Report to OVC

Please provide a narrative description responding to the following questions. Additional paper may be attached. The information collected will be used in the compilation of the VOCA State Performance report submitted to the Office for Victims of Crime (OVC). **Please be sure to include any direct quotes from clients that were served, for it is helpful to have victims voices represented in this report.** However, please do not include any information that might directly identify the victim.

1. What are the major issues that hinder your victim assistance program in assisting crime victims in filing for compensation benefits and in understanding state victim compensation eligibility requirements?
2. Briefly describe efforts to promote coordinated public and private efforts within the community to aid crime victims.
3. Briefly describe efforts taken to serve federal crime victims.
4. Describe any notable activities conducted to improve the delivery of victim services (i.e. needs assessments, program evaluation, training efforts). Please distinguish if activities described were not VOCA funded.
5. Include and/or attach anecdotal information and individual case histories illustrating ways in which VOCA funds have been used to assist crime victims. (For example: Letters from crime victims or portions of client satisfaction surveys are very helpful. Do not include any distinguishing information.)
6. Identify any emerging issues or notable trends impacting crime victim services in Massachusetts.
7. How has your agency used administrative funds?

Thank you for completing this report in a timely and accurate manner.

All statistics must represent services provided only by persons funded by VOCA dollars or VOCA matching contributions.

VOCA CLIENT DATA WORKSHEET

INSTRUCTIONS: Enter all information that is appropriate for each client--primary victims and significant others. Some information will only need to be filled out once. The form can be used for each contact or it can be used to record services by quarter. This worksheet is for the agency's internal use and should only be utilized to assist programs in compiling data necessary for the quarterly statistical performance report. The worksheets are not to be submitted to MOVA.

PLEASE NOTE: The quarterly statistical performance report has all of the definitions for types of services provided, referrals made to and received from, and types of crime. Please refer to these definitions if you need guidance on what to check off.

Client Name/ID#: _____ **Date:** ____/____/____

Age of Client: _____ **Type of Client:** _____ Primary Victim
 _____ Significant Other

Gender: _____ Female
 _____ Male

Current Quarter: _____ **Client Status This Quarter:** _____

_____ July - Sept. (1) _____ New Face to Face _____ Ongoing Face to Face
 _____ Oct. - Dec. (2) _____ New Hotline/Telephone _____ Ongoing Hotline/Telephone
 _____ Jan. - Mar. (3)
 _____ April - June (4)

Client Received Following Services:	TO	Referrals Made to and Received on Behalf of Client:	FROM
_____ Counseling	<u>XXX</u>	Self/Family/Friend	_____
_____ Follow-up	_____	Non-VOCA Staff within agency	_____
_____ Hotline/Telephone Counseling	_____	Police	_____
_____ Therapy	_____	Victim Witness Assistance Prog.	_____
_____ Group Treatment/Support	_____	Court Personnel	_____
_____ Shelter/Safe House	_____	Legal Services	_____
_____ Assistance with Victim Compensation	_____	Victim Compensation	_____
_____ Criminal Justice Support/Advocacy	_____	VWAB/MOVA	_____
_____ Emergency Legal Advocacy	_____	Shelter/Safe Home	_____
	_____	Social Services	_____
_____ Medical Advocacy	_____	Mental Health Agency/Facility	_____
_____ Personal Advocacy	_____	Other Victim Services	_____
_____ Emergency Financial Assistance	_____	Medical Services	_____
_____ Information & Referral (in-person)	_____	Substance Abuse Programs	_____
_____ Information & Referral (telephone/e-mail)	_____	Schools	_____
	_____	Community Organizations	_____
_____ Other (specify):	_____	Religious/Spiritual Organizations	_____
_____	_____	Program Outreach/Media	_____
_____	<u>XXX</u>	Brochure	_____
	_____	Not Known	_____
	_____	Other (specify):	_____

VOCA CLIENT DATA WORKSHEET

Page 2

Type of Crime:

Count each crime committed that is relevant to services provided. For all new clients and newly disclosed crimes for ongoing clients.

- ☐ Homicide (not vehicular)
- ☐ Motor Vehicular Homicide
- ☐ Assault
- ☐ Robbery
- ☐ Domestic Violence
- ☐ Adult Sexual Assault/Abuse
- ☐ Adult Survivor of Incest or Child Sexual Assault
- ☐ Adult Survivor of Child Physical Abuse
- ☐ Child Sexual Assault/Abuse
- ☐ Child Physical Abuse
- ☐ Abuse of Disabled Person
- ☐ Elder Abuse (Ages 60 +)
- ☐ Violation of a Protective Order (209A)
- ☐ Crime related to DUI/DWI
- ☐ Hate Motivated Crimes
- ☐ Political Trauma
- ☐ Other (specify)

Race/National Origin:

- ☐ Black
- ☐ Caucasian
- ☐ Hispanic/Latino
- ☐ Bi-Racial
- ☐ Cape Verdean
- ☐ Haitian
- ☐ Portuguese/Azores
- ☐ Asian/Pacific Islander
- ☐ Native American/Alaskan Native
- ☐ Other (specify)

Disability:

- ☐ Yes
- ☐ No
- ☐ Unknown

Notes:

This worksheet is only to assist you in compiling statistics for your quarterly report. Do not submit worksheet to MOVA.